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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Pierre, Myriam

Firm: U.S. Patent and Trademark Office
Art Unit 2654

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: June 14, 2006

Re: FLH Ref No.: 450101-02342
Serial No: 09/673,440

Number of Pages: 19
(including cover page)

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PATENT
450101-02342RECEIVED
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Masato Shimakawa, et al.
 Serial No. : 09/673,440
 For : TRANSLATING TARGET LANGUAGE WITH INPUT SELECTION
 Filed : November 20, 2000
 Examiner : Pierre, Myriam
 Art Unit : 2654

745 Fifth Avenue
New York, NY 10151

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	34	0 x	\$50 (25)	= \$0.00
Independent claims	2	Minus	3	0 x	\$200 (100)	= \$0.00
Total additional fee for this amendment						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

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Barnet Shindlman

(Name of person signing transmittal)



Signature

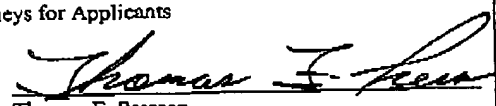
June 14, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

U.S. Appln. No. 09/673,440
Reply to Office Action dated March 15, 2006

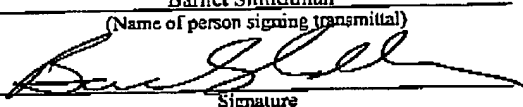
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Confirmation No. : 5342

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CERTIFICATE OF FACSIMILE
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Barnet Shindlman (Name of person signing transmittal)

Signature
June 14, 2006 Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on March 15, 2006, having a three-month statutory period for response set to expire on June 15, 2006, please amend the above-identified application as follows.

U.S. Appln. No. 09/673,440
Reply to Office Action dated March 15, 2006

PATENT
450101-02342

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 14 of this paper.